IT IS CLAIMED:

1. A method of increasing IL-10/IFNγ ratio in subjects suffering from an autoimmune condition or a viral infection, comprising

orally administering interferon-tau to the subject at a daily dosage of greater than about 5×10^8 Units to produce an initial measurable increase in the subject's blood IL-10 level, relative to the blood IL-10 level in the subject in the absence of interferon-tau administration, with (i) no substantial change in the subject's blood IFNγ level relative to the IFNγ level in the absence of interferon-tau administration or (ii) a decrease in the subject's blood IFNγ level relative to the IFNγ level in the absence of interferon-tau administration, and

continuing to orally administer interferon-tau to the subject on a regular basis of at least several times per week, independent of changes in the subject's blood IL-10 level, until a desired clinical endpoint is achieved.

2. The method of claim 1, wherein said administering comprises administering an interferon-tau selected from ovine interferon-tau and bovine interferon-tau.

3. The method of claim 2, wherein said administering comprises administering ovine interferon-tau having a sequence identified as SEQ ID NO:2 or SEQ ID NO:3.

4. The method of claim 1, wherein said oral administration is to the intestinal tract of the subject.

5. The method of claim 1, for treatment of an autoimmune condition in the subject, wherein said continuing to administer continues during the period of the subject's symptoms and the desired clinical endpoint is a reduction in symptoms associated with the condition.

6. The method of claim 5, wherein said autoimmune condition is multiple sclerosis.

7. The method of claim 5, wherein said autoimmune conditions is selected from the group consisting of Type I diabetes mellitus, rheumatoid arthritis, lupus erythematosus, psoriasis, Myasthenia Gravis, Graves' disease, Hashimoto's thyroiditis, Sjogren's syndrome, ankylosing spondylitis and inflammatory bowel disease.

8. The method of claim 1, for treatment of a viral infection in the subject, wherein said continuing to administer continues during the period of the subject's symptoms and the desired clinical endpoint is a reduction in symptoms associated with the viral infection or a reduction in blood viral titer.

9. The method of claim 8, wherein said virus is a DNA virus.

10. The method of claim 8, where in said virus is a RNA virus.

11. The method of claim 9, wherein said viral infection is hepatitis B.

12. The method of claim 10, wherein said viral infection is hepatitis C.

13. The method of claim 8, where the said viral infection is selected from the group consisting of hepatitis A, hepatitis B, hepatitis C, non-A, non-B, non-C hepatitis, Epstein-Barr viral infection, HIV infection, herpes virus (EB, CML, herpes simplex), papilloma, poxvirus, picorna virus, adeno virus, rhino virus, HTLV I, HTLV II, and human rotavirus.

14. The method of claim 1, further comprising administering a second therapeutic agent to the subject.

15. The method of claim 10, wherein said second therapeutic agent is selected from the group consisting of anti-viral agents and agents suitable for treatment of autoimmune disorders.